

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2008 JUL 21 PM 4:12

COMMITTEE NAME (Must be same as on Statement of Organization)

Rozinek for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Bernita D. Rozinek

Political Party (if applicable)

Dem.

Office Sought

Linn County Supervisor

District (if Senate or House)

2

**FORM
DR-2**

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Bernita D. Rozinek

SIGNATURE OF PERSON FILING REPORT

319-848-4598

TELEPHONE

7-17-08

DATE SIGNED

I AM FILING A

July 19th

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

Linn

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 5,094.93

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

1,220.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

—

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 6,314.93

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

5,989.76

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 325.17

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 32.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 1,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO ☐

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ —

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)

Rozinek for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05/16/08	ID# CK#	Donald Nebergall 2919 Applewood Pl. NE Cedar Rapids, IA 52402		\$25.00	<input type="checkbox"/>
05/17/08	ID# CK#	Cindy Golding 7000 Tower Terrace Rd. Cedar Rapids, IA 52411		50.00	<input type="checkbox"/>
05/21/08	ID# CK#	Mary Rozinek 1111 County Home Rd. Springville, IA 52336		25.00	<input type="checkbox"/>
05/27/08	ID# 8026 CK# 17498	IBEW (International Brotherhood of Electrical Workers) 900-7th St. NW, Washington DC 20001		250.00	<input type="checkbox"/>
05/27/08	ID# CK#	Kathryn Henik 941 Henik Rd. Mt. Vernon, IA 52314		200.00	<input type="checkbox"/>
05/27/08	ID# CK#	unitemized cash		20.00	<input type="checkbox"/>
05/29/08	ID# CK#	Marilynn Keller 3700 Otis Rd. SE Cedar Rapids, IA 52403		100.00	<input type="checkbox"/>
05/29/08	ID# CK#	Ed Mulholland 2880 Silver Oak Trail Marion, IA 52302		300.00	<input type="checkbox"/>
06/03/08	ID# CK#	Leighton Ford 2025 - 11th Ave. Marion, IA 52302		50.00	<input type="checkbox"/>
06/13/08	ID# CK#	Mark Mentzer 5504 Old River Rd. ELY, IA 52227		150.00	<input type="checkbox"/>
SUB-TOTAL				\$1,170.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Rozinek for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/27/08	ID# CK#	Hy Vee 20 Wilson Ave. SW Cedar Rapids, IA 52404	Stamps	\$ 123.00
05/29/08	ID# CK#	Bernita Rozinek (self) 2314 Big Bend Rd ELY, IA 52227	reimbursement for radio ads	937.00
05/29/08	ID# CK#	Bernita Rozinek (self) 2314 Big Bend Rd. ELY, IA 52227	reimbursement for Stamps	81.00
05/29/08	ID# CK#	Aircraft Printing 309 - 5th Ave. SE Cedar Rapids, IA 52401	printing postcards	843.76
05/29/08	ID# CK#	The Gazette 500 - 3rd Ave. SE Cedar Rapids, IA 52401	newspaper ads	720.00
05/29/08	ID# CK#	Postmaster 601 - 8th Ave. SE Cedar Rapids, IA 52401	Stamps	1,050.00
05/29/08	ID# CK#	WMT Radio 600 Old Marion Rd. Cedar Rapids, IA 52402	radio ads	750.00
05/30/08	ID# CK#	Aircraft Printing 309 - 5th Ave. SE Cedar Rapids, IA 52401	Cowboy cards	103.88
SUB-TOTAL				\$4,608.64
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Rozinek for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/30/08	ID# CK#	Cumulus Broadcasting 425 - Second St. SE Cedar Rapids, IA. 52401	radio ads	\$ 750.00
06/03/08	ID# CK#	Bernita Rozinek (self) 2314 Big Bend Rd. Ely, IA 52227	reimbursement for ad in the Mt. Vernon SUN	176.00
06/04/08	ID# CK#	Kim Reem - Reem Consulting 4862 Foxtail Ct Marion, IA. 52302	envelopes, reply cards, labels	86.32
06/04/08	ID# CK#	Reem Consulting - Kim Reem 4862 Foxtail Ct. Marion, IA. 52302	Stamps	18.80
06/04/08	ID# CK#	Reem Consulting - Kim Reem 4862 Foxtail Ct. Marion, IA. 52302	May Consulting fee	250.00
06/04/08	ID# CK#	Reem Consulting - Kim Reem 4862 Foxtail Ct. Marion, IA. 52302	Mileage Stipend	100.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$1,381.12

TOTAL (if last page of this schedule) \$5,989.76

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Rozinek for Supervisor

Revel Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
05/19/08	Bernita Rozinek 2314 Big Bend Rd. Ely, IA 52227	self	faxing ethics report on May 19, 2008	\$ 32.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 32.00

TOTAL (if last
page of this
schedule)

\$ 32.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED

COMMITTEE NAME (Must be same as on Statement of Organization)

Rozinek for Supervisor

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1,000.00

☐ CHECK THIS BOX IF
AMENDING FORM

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$

TOTAL (PART I)

\$ 0

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 0

From Schedule E -- TOTAL LOANS FORGIVEN

\$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 1,000.00

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Page 1 of 1
(for Schedule F)